

TRANSACTION SHEET FOR SECURITIES HELD UNDER SAFEKEEPING
WITH DESIGNATED CUSTODIAN BANKS (FORM 145)

Company Name_____

Date_____

Ticket No. _____

Prior Balance on Deposit @ Par\$_____

Adjustments (Interest, Dividends, Miscellaneous)\$_____

Current Balance @ Par\$_____

Amount Deposited @ Par\$_____

Amount Withdrawn @ Par\$_____

New Balance on Deposit @ Par\$_____

Current balance equals bank statement balance
as of date of transaction sheet.

Part A - Company Request

Please approve the following proposed transactions for securities which are maintained under safekeeping at the

(Name of Bank)

(City and State)

(Safekeeping Account No.)

We, the undersigned, having been duly authorized by the _____,
(Name of Fund)

_____, to order the deposit and withdrawal of assets,
(City and State)

do hereby request the following security transaction(s) be completed.

(1)_____
(Signature)

(2)_____
(Signature)

Name of Officer_____

Title_____

Name of Officer_____

Title_____

SECURITIES TO BE DEPOSITED

| Par Value, No. of Shares, Principal Balance | CUSIP | Description of Security | Rate of Interest | Maturity Date | Deposit Amount At Market |
|---|-------|----------------------------|---------------------|------------------|--|
|---|-------|----------------------------|---------------------|------------------|--|

SECURITIES TO BE WITHDRAWN (OR MATURED)

| Par Value, No. of Shares, Principal Balance | CUSIP | Description of Security | Rate of Interest | Maturity Date | Withdrawn Amount At Market |
|---|-------|----------------------------|---------------------|------------------|--|
|---|-------|----------------------------|---------------------|------------------|--|

Part B – Office of Insurance Approval

The aforementioned security transaction(s) are hereby approved for execution by the designated bank, effective this _____ day of _____ 20____.

Sharon P. Clark
Commissioner
Department of Insurance
Commonwealth of Kentucky

Part C - Custodian Bank's Certification

The aforementioned security transaction(s) were completed this _____ day of _____ 20____ for the account of _____,
(Name of Fund)
and the Office of Insurance.

Signature

Name of Bank Officer

Title

Name of Bank

City and State

INSTRUCTIONS TO FUNDS

1. This form must be executed in quadruplicate and mailed to the Department of Insurance before any security transactions can be instituted. Original signatures must be reflected on all four copies thereof.
2. Complete only Part A of this form, leaving Parts B and C blank.
3. In duplicating this form for future transactions, please be sure to copy all of this form before forwarding request to the Office of Insurance.

Immediately after the custodian bank executes the requested security transaction(s), the Fund will be forwarded one copy of the completed Form 145 for its records.

▪ ***If extra space is needed for listing securities, attach additional pages to this form.***